

# Is my child depressed? Being moody isn't a mental health issue

March 27 2018, by Dr. Stanley Kutcher

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It is difficult to open up a magazine or newspaper today without seeing [a headline trumpeting the presence of a "mental health crisis" —particularly on our college and university campuses.](#)

Indeed, if the media coverage is to be believed, [we are drowning in a sea of mental illness that threatens to overwhelm post-secondary institutions.](#)

The call then is for more pills, more therapy, more of everything, including more panic. Perhaps it's time for some sober critical analysis.

The [prevalence of mental illnesses \(defined using clear diagnostic criteria\) is not rising in this cohort.](#)

[Youth self-reports of negative emotions are increasing.](#) But the self-report scales used in studies documenting this have not been calibrated for generational changes in language use. [Nor have the results been validated using clear, clinically valid, diagnostic criteria applied by expert clinicians.](#)

Some of the surveys that have contributed to this panic also collapse different questions into meaningless categories ([for example collapsing "all the time" and "often" into one category.](#)

The above noted self-reports do identify the ups and downs of everyday emotions, but these are not criteria for diagnosis of mental illness. So we can say that youth on campus may report feeling more [negative emotions](#) than previously, but this is not the same thing as saying that young people have more [mental disorders](#) than previously.

## **Throwing gasoline on the fire**

Instead of applying critical thinking to these self-reports, many health and media professionals have rushed to throw gasoline on the fire.

Here's an example. In late 2017, the study "[Mental ill-health among children of the new century: Trends across childhood with the focus on age 14](#)" was published by the National Children's Bureau in the United

Kingdom.

This showed that self-reported negative emotions were present in about one quarter of this surveyed group, but [this was interpreted as 25 per cent of 14-year-old girls in the UK suffer from depression!](#)

The fact that parental reports identified about five per cent of this cohort as having significant mood problems was ignored by almost all commentators. This latter number is much more in keeping with known rates of depression in the population.

The presence of a mental disorder was not independently established and the discrepancy between parental and child reports was ignored.

The cautionary words popularized by astronomer Carl Sagan, that ["extraordinary claims require extraordinary evidence"](#) were not applied. As expected, [this study was followed by yet more calls for more therapy, more pills and more panic.](#)

## **Negative emotions are healthy**

These concerns are not the result of substantial epidemic increases in the rates of mental illness. They arise, in some part, from poor [mental health](#) literacy and unrealistic expectations of the normal [emotional](#) states that life challenges elicit.

In many cases the self-identification of being "ill" arises, to quote from Shakespeare's *Hamlet*, from not being able to differentiate the normal "slings and arrows of outrageous fortune" from pathological states.

This is a cultural issue that has become a diagnostic expectation. A number of converging factors may have created this confusion.

First, the increased public perception that being well means only having positive feelings is taking over the social discourse on mental health. When the measure of health is simply feeling good, negative emotions become a marker of being unwell.

However, normal negative emotions actually promote growth and are essential for human development and adaptation. Without negative emotions we exist in "Pleasantville." Without addressing the life challenges and opportunities that negative emotions signal to us, we can't develop resilience.

Mental health is not a static concept wearing a big smile. There are good days and bad days, good weeks and bad weeks. We still have mental health even if we are having negative emotions.

## **Pathologizing normal life**

Second, the use of words originally developed to identify [mental illnesses](#) to describe normal [negative emotional states](#) has burgeoned.

This includes the the term "mental health" itself —which can mean both mental health and mental illness. No such confusion exists in other areas of medicine.

Further, the use of terms denoting illness, such as depression, to mean all negative emotions is even more confusing. Now, words like sadness, disappointment, disgruntlement, demoralization and unhappiness are all lumped together as depression.

As a result, the call is for more therapy, more pills and more panic. We don't need more pills or therapy.

We need to stop pathologizing normal life.

## A technological misadventure

Third is the rise of technology and electronic communication. Personal communication devices like smart phones limit the important face-to-face contact with others that makes us human. And the capacity of a text message does not allow for the expression of complex ideas.

We are struggling with the rational use of this technology and have yet to come to terms with how to control it, instead of it controlling us.

Living with, and on, our devices may even make us lonelier. The same phenomenon prevents us from making the face-to-face social connections that are necessary for social connection, the antidote to loneliness.

This is not mental illness, it is technological misadventure.

So we have some challenges. We have to think critically about our language and our expectations. We need to develop mental health literacy —understanding how to maintain good mental [health](#), understanding mental disorders and their treatments, decreasing stigma and increasing our capacity to appropriately seek help for mental [illness](#), not for everyday unhappiness —to clarify this confusion.

Then, we have to learn how to take control of this "new" technology.

We managed to do that with the automobile. We now need to do it with the cell phone.

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